## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

- 1/1112 122(3) 111

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

appropriate All further o	orrespondence including the l-below or directed otherwi	Datent advance orde	ers and notification	of maintenance fees	will be mailed t	o the current	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Block 1 )	or any change of address)		Fee(s) Transmittal T	his certificate ca	nnot he used f	or domestic mailings of the for any other accompanying ent or formal drawing, must
VAN DYKE, G	7590 09/30/2005 ARDNER, LINN Al OIX DRIVE, S.E. 5		r i i p & \	C	rtificate of Mai	ling or Trans	
/28/2003 RADEBRERE 00000140 10628838695		\ <u>#</u>	27 2005	Timothy A.		.885, on the c	(Depositor's name)
FC:2501	1062083 JO OP	17		TEN	Afcom		(Signature)
FC:8001	30.00 OP		PEMAROL	Decen	ber 23,	2005	(Date)
APPLICATION NO.	FILING DATE	FI	FIRST NAMED INVENTOR		ATTORNEY D	OCKET NO.	CONFIRMATION NO.
10/620,831	07/) 6/2003		Darren Eby		A3C01 P-104A		1261
TITLE OF INVENTION:	BRACKET FOR FOLDAW	AY ASSIST HANDLI	Е				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	EE PUBLICATION FEE		TOTAL FEI	E(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$70	0	12/30/2005
EXAMINER		ART UNIT	CL	ASS-SUBCLASS			
BRYAN'	T, DAVID P∙	3726		029-525010			
CFR 1.363).  Change of correspond Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	cation form	registered attorney or agent) and the names of up to					
	ID RESIDENCE DATA TO ss an assignee is identified in 37 CFR 3.11. Completio		**	• • •	nee is identified	below, the d	ocument has been filed for
(A) NAME OF ASSIG	NEE	(B) I	RESIDENCE: (CIT	and STATE OR CO	OUNTRY)		
ASC Indust	ries, Inc.		Elkhar	t, Indiana			
m t t t	ite assignee category or categ	gories (will not be print	ted on the patent):	Individual M		her private or	oup entity Government
Please check the appropria	ne acciding caregory or care,	· _ ·	•	- Ilidividuai - C	Corporation or ot	ner private gre	oup entity Government
4a. The following fee(s) ar		-	Payment of Fee(s):	·	· · · · · · · · · · · · · · · · · · ·		bup entity    Government
4a. The following fee(s) ar	re enclosed:		Payment of Fee(s):  A check in the am	ount of the fee(s) is e	nclosed.	ner private giv	oup entity Government
4a. The following fee(s) ar	re enclosed:  sinall entity discount permi	tted) [3	Payment of Fee(s):  A check in the am Payment by credit	ount of the fee(s) is e card. Form PTO-203 creby authorized by	nclosed.	<u></u>	credit any overpayment, to opy of this form).
4a. The following fee(s) ar  Issue Fee Publication Fee (No Advance Order - #  Change in Entity Statu  a. Applicant claims	re enclosed:  o small entity discount permi of Copies 10  is (from status indicated abo SMALL ENTITY status. Se	tted) 5 5 6 7 7 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Payment of Fee(s):  A check in the am Payment by credit The Director is heposit Account Num b. Applicant is no	ount of the fee(s) is e card. Form PTO-203 ereby authorized by ther <u>22-0190</u> longer claiming SMA	nclosed.  18 is attached.  charge the requi  encl  ALL ENTITY sta	red fee(s), or ose an extra contus. See 37 C	credit any overpayment, to opy of this form).  FR 1.27(g)(2).
4a. The following fee(s) ar  Issue Fee Publication Fee (No Advance Order - #  Change in Entity Statu  a. Applicant claims	re enclosed:  o small entity discount permi of Copies 10  s (from status indicated abo	tted) 5 5 6 7 7 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Payment of Fee(s):  A check in the am Payment by credit The Director is heposit Account Num b. Applicant is no	ount of the fee(s) is e card. Form PTO-203 ereby authorized by ther <u>22-0190</u> longer claiming SMA	nclosed.  18 is attached.  charge the requi  encl  ALL ENTITY sta	red fee(s), or ose an extra contus. See 37 C	credit any overpayment, to opy of this form).  FR 1.27(g)(2).
4a. The following fee(s) ar  Issue Fee Publication Fee (No Advance Order - #  Change in Entity Statu  a. Applicant claims	re enclosed:  o small entity discount permi of Copies 10  is (from status indicated abo SMALL ENTITY status. Se	tted) 5 5 6 7 7 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Payment of Fee(s):  A check in the am Payment by credit The Director is heposit Account Num b. Applicant is no	ount of the fee(s) is ecard. Form PTO-203 ereby authorized by the 22-0190 longer claiming SM/e-apply any previous in the applicant; a results.	nclosed.  18 is attached.  charge the requi  encl  ALL ENTITY sta	red fee(s), or ose an extra c tutus. See 37 C to the applica or agent; or th	credit any overpayment, to opy of this form).  FR 1.27(g)(2).  Ition identified above. he assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.